Job-Related Burnout among Juvenile Probation Officers: Implications for Mental Health Stigma and Competency

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Abstract

The high demands and responsibilities of probation work, particularly with juvenile clients, may lead to burnout, which can negatively impact how probation officers work with clients, particularly individuals with behavioral health problems. Yet, research examining burnout and related outcomes among juvenile probation officers (JPOs) is limited. We surveyed 246 JPOs in a Midwestern state to identify the prevalence, predictors, and potential outcomes of burnout. JPOs reported moderate levels of burnout; about 30% of the sample scored in the high range for Emotional Exhaustion and Cynicism. Contrary to study hypotheses, there were no group-level differences in burnout scores across gender, race/ethnicity, age, or education. In regression models, burnout was predicted by being White (vs. Minority), serving in an urban (vs. rural) county, dissatisfaction with department guidelines, job dissatisfaction, viewing job role as more treatment-oriented along the enforcement-treatment continuum, and turnover intention. JPOs with burnout were more likely to endorse mental health stigma and lack of mental health competency to address juvenile clients with behavioral health concerns. Findings suggest burnout prevention and intervention programs should be considered for JPOs to increase job satisfaction, limit job turnover, reduce burnout, and possibly increase effective practices for managing juvenile clients with behavioral health problems.

Keywords: burnout; probation officers; juvenile justice; stigma; mental health competency

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Burnout is a response to prolonged or repeated exposure to work-related stressors, commonly characterized by feelings of emotional exhaustion, cynicism, and a diminished sense of personal accomplishment on the job (Maslach & Leiter, 2008; Maslach, Schaufeli, & Leiter, 2001). The Job Demands-Resources model can help to conceptualize burnout among workers (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). According to this model, job demands (e.g., clients with intensive service needs, competing priorities, deadlines) require continuous effort over time, which can result in costs to the worker such as mental health problems, physical health problems, and burnout (e.g., emotional exhaustion, cynicism). Further, as workers become increasingly exhausted, they conserve resources in order to withstand significant job demands, prompting a departure from full engagement in job duties and work with clients. Conversely, job resources (e.g., low caseloads, supervisor support, educational training) are helpful aspects of the job that mitigate the negative impact of job demands, increase achievement of work goals, and alleviate feelings of burnout.

Characteristics of burnout and its outcomes have been chiefly examined among human service professionals, including community mental health providers, nurses, teachers, and correctional officers, who provide direct care to patients or clients (Maslach, Schaufeli, & Leiter, 2001; Schaufeli & Peeters, 2001). Yet little is known about the prevalence, predictors, and effects of burnout in probation officers. Based on the Job Demands-Resources model, it is likely that probation officers (POs) experience burnout. Specifically, POs face a number of significant job demands (e.g., large caseloads, onerous paperwork, difficult clients, high staff turnover), coupled with lack of resources (e.g., poor social support, limited funding) (Gayman & Bradley,

2013; Pitts, 2007; Simmons, Cochran, & Blount, 1997). Further, POs face the unique job demand of satisfying conflicting mandates of ensuring law enforcement/public safety and assisting clients with treatment/rehabilitation needs (Pitts, 2007; Steiner, Purkiss, Kifer, Roberts, & Hemmens, 2004). Maintaining these mandates can lead to role ambiguity, in which law enforcement and social service tasks must be balanced (Lewis, Lewis, & Garby, 2013; Slate & Johnson, 2013; West & Seiter, 2004). Indeed, POs' perceptions regarding which of these tasks to emphasize and their orientation along the enforcement-treatment continuum have been found to impact job performance, implementation of evidence-based practices, client recidivism rates, and supervision tactics (Ricks & Louden, 2014; Rudes, Viglione, & Taxman, 2011).

Juvenile probation officers (JPOs) may be at even greater risk for burnout, due to additional job demands requiring coordination of multiple individuals, such as parents, foster families, teachers, and medical providers (Steiner et al., 2004), and management of clients with prominent behavioral health concerns (Fazel, Doll, & Langstrom, 2008; Vincent, Grisso, Terry, Banks, 2008). Indeed, epidemiological studies consistently indicate that juvenile justice-involved youth experience high rates of behavioral health needs, with the prevalence of mental health and substance use problems estimated around 60%-70% (Fazel et al., 2008). Thus, JPOs fulfill a crucial role as facilitators or "gateway providers" for high-risk juveniles to access and connect to behavioral health care services (Holloway, Brown, Suman, & Aalsma, 2013).

In order to function effectively as gateway providers, JPOs need to possess mental health competency (Wasserman et al., 2008), but evidence suggests they may have difficulty accurately identifying mental health problems (Wasserman et al., 2008). Further, JPOs may endorse mental health stigma (Eno Louden, 2009); endorsement of such stigma has been associated with negative attitudes toward clients, less effective service delivery to clients, and increased feelings

of burnout (Eno Louden, 2009; Schaufeli & Peeters, 2000). Therefore, mental health stigma may contribute to and/or perpetuate burnout and prevent JPOs from fully engaging in work duties and fulfilling the crucial role of gateway providers for juveniles in need of mental health care.

Current Study

The purpose of the current study was to better understand burnout and burnout-related outcomes among JPOs. Although recent studies have examined burnout among police and correction officers (Finney, Stergiopoulos, Hensel, Bonato, & Dewa, 2013; Pitts, 2007; Slate & Johnson, 2013), most research focused on POs is older (Simmons et al., 1997; Whitehead, 1985; Whitehead, 1986) and has not been sufficiently updated to reflect contemporary probation practice. In addition, we found no published literature on burnout among *juvenile* POs. In light of this gap in the literature, the first aim was to quantify the prevalence of burnout among JPOs in a statewide sample. Based on prior research showing the importance of demographic factors in levels of burnout (Maslach et al., 2001; Pitts, 2007; Simmons et al., 1997; Slate et al., 2000), our second aim was to examine whether JPO burnout differed across gender, race/ethnicity (White vs. minority), age, education (Bachelor's degree vs. Graduate degree), and geographic setting (rural vs. urban). We hypothesized that males, racial minorities, JPOs with less education, and JPOs serving in urban counties would report higher levels of burnout. Given previous findings reporting a non-linear relationship between age (or experience) and burnout (Lewis et al., 2013; Slate, Johnson, & Wells, 2000), we proposed a curvilinear relationship for age where JPOs in the oldest and youngest age cohorts would report lower levels of Emotional Exhaustion and Cynicism than JPOs in the middle age cohorts.

Our third aim was to identify variables predictive of burnout in this population. As job demands, caseload size and the presence of high-risk clients were hypothesized to predict higher

burnout, while job resources (e.g., education, job satisfaction) were expected to predict lower burnout. Finally, our fourth aim was to examine the impact of burnout on JPOs' mental health competency and stigma. Given that many clients of JPOs have behavioral health disorders (Fazel et al., 2008), mental health competency is likely a crucial skill for job effectiveness. In addition, because research has found a link among POs feeling educationally underprepared and experiencing higher occupational stress (Pitts, 2007), we hypothesized that burnout (i.e., decreased Personal Efficacy and increased Exhaustion and Cynicism) would be associated with lower mental health competency and higher mental health stigma.

Method

Recruitment and Participants

Nineteen out of 22 counties with detention centers in [state] were recruited as part of a broader study that examined the implementation of a universal mental health screening across detention centers (Aalsma, Schwartz, & Perkins, 2014). For the current study, a member of the research team contacted the chief PO from each county involved in the larger study to discuss the nature and purpose of the study and ask for the names and contact information of 1) individuals employed as juvenile probation officers with 2) active caseloads of probationers that included adolescents. Altogether, the chief POs from 18 counties agreed to provide a list of potential participants. To ensure participant confidentiality and to limit coercion, chief POs were not informed of whether JPOs participated in the study.

Procedure

Potential participants received emails containing information about the study and a link to the study survey. Information within the emails instructed participants to individually complete the survey in private, and assured them that responses would be confidential and only available

to the research team. Upon clicking the link to the survey, participants were taken to a webpage with study information and the ability to provide informed consent by choosing "agree" at the bottom of the page. Potential participants within each county were also invited to a catered lunch from a local restaurant of the departments' choosing. All JPOs were invited, regardless of whether they agreed to participate in the study. The research team attended the lunches to answer questions and brought iPads with wireless Wi-Fi devices to allow potential participants to complete the survey on-site if they had not already done so. Participant response rate was 95%; 245 of 258 of JPOs agreed to participate. Mean survey completion time was 21 minutes (SD = 14.5). The study was approved by the Institutional Review Board at [University].

Measure

The survey was created for the study by combining several short, validated measures. The following section details the primary measures and variables of interest.

Demographics. Participants were asked to report gender, race, ethnicity, age, level of education, and county. For age, participants selected the age range group in which they belonged (e.g., 20-29, 30-39). For education, participants reported their highest level of educational achievement (e.g., some college, Bachelor's degree, Master's degree). For county, participants indicated the county in which they serve clients. Counties were scored along a 5-point scale of urbanicity (1 = Rural/ Micropolitan; 5 = Urban/Large metro city), using criteria devised by the National Center for Health Statistics (Ingram & Franco, 2012). Counties with urbanicity ratings of ≥3 (i.e., ≥250,000 population) were classified as urban; counties with ratings of 1-2 (i.e.,<250,000 population) were classified as rural.

Job characteristics. Participants were asked to report the number of years they have served in their current position as a JPO, whether their current position qualifies as supervisor or

management (yes/no), and their satisfaction with department guidelines for dealing with juvenile clients. For this final item regarding department satisfaction, JPOs were also asked if they believed their department should run a "tighter ship," be "more flexible," or maintain the same probation practices for juvenile clients. Participants who expressed a desire for stricter or more lax department guidelines were considered to have dissatisfaction with department guidelines, compared to those who were satisfied with current department guidelines.

Caseload characteristics were measured via several items, including participants' caseload sizes, the racial/ethnic composition of their caseloads, and the percentage of juveniles (vs. adults) on their caseloads. Participants also reported whether their juvenile clients fit any of the following categories (yes/no): pre-trial (i.e., waiting trail/sentencing), minimum risk, medium risk, and high risk. Level of risk refers to risk for recidivism post-release, based on scores on the Indiana Youth Assessment System (IYAS), a state-wide program designed to promote uniform risk assessment for all youth in the juvenile justice system (Goodman & Thompson, 2011). The IYAS was adapted from a similar program in Ohio that developed the recidivism categories via a literature review and outcome tracking of nearly 2500 youth (Latessa, Lovins, & Ostrowski, 2009). [State] POs are trained to complete these assessments and are familiar with these rating categories (Goodman & Thompson, 2011).

Job satisfaction was assessed via the General Satisfaction subscale of the Job Diagnostic Survey (Hackman & Oldham, 1975). This 5-item measure, which was originally validated in over 650 workers from 62 different occupations, has demonstrated good internal consistency (Hackman & Oldham, 1975), as well as convergent and divergent validity for service workers (Fried, 1991). Respondents rated their level of job satisfaction on a Likert-scale from 1 (strongly disagree) to 7 (strongly agree). Ratings across the five items were averaged together, with higher

scores reflecting higher job satisfaction. Internal consistency in this study (α = .84) was slightly higher than previously found in a mixed sample of mental health professionals, correctional officers, and correctional support staff (α = .72) (Robinson, Porporino, & Simourd, 1996).

Job role was measured via one item assessing the professional orientation of probation and parole officers with regards to whether they emphasize law enforcement or supportive treatment, or whether they blend the two approaches (Holloway et al., 2013; Steiner et al., 2004; West & Seiter, 2004). To measure participants' orientation along on this enforcement-treatment continuum, participants were asked to rate JPO roles and responsibilities in terms of similarity to the role of social workers versus police officers (from 1% to 100%).

Turnover intention was measured via one item where participants rated the likelihood of leaving their job in the next six months on a Likert-scale from 1 (not at all likely) to 4 (very likely). This item has been previously used in studies of mental health providers (Salyers et al., 2011; Salyers, Rollins, Kelly, Lysaker, & Williams, 2013) to determine turnover intention.

Mental health stigma was measured via the Stigma Scale for Receiving Psychological Help (SSRPH), a 5-item scale with acceptable internal consistency and construct validity (Komiya, Good, & Sherrod, 2000). Items on the SSRPH are designed to assess individuals' perceptions of how stigmatizing it is to receive mental health treatment (Komiya et al., 2000). Originally validated in college students, the SSRPH has demonstrated acceptable internal consistency for helping professionals, including police officers (α = .80) (Wester, Arndt, Sedivy, & Arndt, 2010). For the current study, the wording for items was slightly modified, so that "psychologist" was replaced with "mental health provider." Respondents rated their level of agreement on a Likert-scale from 1 (strongly disagree) to 4 (strongly agree). The internal

consistency was acceptable (α = .71), and item ratings were averaged, with higher scores indicating greater perception of stigma associated with the utilization of mental health treatment.

Mental health competency was measured via the Attitudes about Mental Health Competency Questionnaire, a 12-item scale that assesses juvenile probation officers' abilities to identify behavioral health concerns, understand mental health services and recommendations, and relate to youth with behavioral health problems (Wasserman et al., 2008). Respondents rated their level of competency using a Likert-scale from 1 (not very prepared) to 5 (very well prepared). For the study, internal consistency was good (α =.91), and identical to the original validation sample of POs (Wasserman et al., 2008). Items were averaged, with higher scores indicating higher perceived competency for identifying/addressing mental health concerns among juveniles on their caseloads.

Burnout was measured via the Maslach Burnout Inventory-General Survey (MBI-GS), a 16-item burnout measure with strong internal validity and construct validity (Langballe, Falkum, Innstrand, & Aasland, 2006). The MBI-GS has been tested and validated in multiple countries and languages (Maslach, Leiter, & Jackson, 2012), and administered to many different samples of service workers, including mental health providers, police officers, probation officers, and correctional officers (Whitehead, 1986; Langballe, et al., 2006). The measure consists of three subscales, including Emotional Exhaustion (5 items, e.g., *I feel emotionally drained from my work),* Cynicism (5 items, e.g., *I doubt the significance of my work),* and Professional Efficacy (6 items, e.g., *I have accomplished many worthwhile things in this job).* Respondents rated items on a 7-point Likert-scale from 0 (never) to 6 (everyday). For each subscale, item ratings were averaged together, with higher scores indicating *higher* burnout for Emotional Exhaustion and Cynicism and *lower* burnout for Professional Efficacy. One Cynicism item was dropped from the

measure (e.g., *I just want to do my job and not be bothered),* due to poor factor loading for this item in prior research (Schutte, Toppinen, Kalimo, & Schaufeli, 2000). For this sample, internal consistency on the MBI-GS was good, with $\alpha = .83$ for Personal Efficacy, $\alpha = .86$ for Emotional Exhaustion, and $\alpha = .82$ for Cynicism; these values are consistent with previous studies of burnout in service professionals (Salyers et al., 2013).

In addition to mean subscale scores, item ratings were summed to classify individuals as scoring in the low, moderate, or high range for burnout. As established by Maslach (Maslach, Jackson, & Leiter, 1996), total scores for Emotional Exhaustion of ≤7 indicate low burnout, 8-15 indicate moderate burnout, and ≥16 indicate high burnout. For Cynicism, total scores of ≤4 indicate low burnout, 5-10 indicate moderate burnout, and ≥11 indicate high burnout. For Professional Efficacy, total scores of ≥30 indicate low burnout (i.e., high efficacy), 24-29 indicate moderate burnout, and ≤23 indicate high burnout (i.e., low efficacy).

Data Analysis

Given that few studies have examined burnout among JPOs, we did not explicitly replicate data analyses from prior research. Rather, as a more exploratory analysis, data were examined for outliers, missing values, and non-normal variable distributions (skewness > $\pm$5 or kurtosis > $\pm$3). Basic descriptive statistics were conducted to determine mean scores for key outcomes (e.g., burnout, job satisfaction, mental health stigma) and prevalence of JPOs reporting high, moderate, and low levels of burnout. Bivariate Pearson *r* correlations were examined between burnout scores and study variables to identify significant relationships. Four separate *t*-tests were conducted to examine whether burnout subscale scores differed significantly across gender, race/ethnicity (white vs. minority), county (urban vs. rural), and education (Bachelor's vs. Master's/Graduate School). A one-way analysis of variance with contrasts was run to test

whether burnout subscale scores and age had a significant curvilinear relationship (i.e., low burnout for young and old cohorts; high burnout for middle cohorts).

Three separate multi-level, stepwise linear regression models were conducted to identify significant predictors for the following burnout outcomes: 1) Emotional Exhaustion, 2) Cynicism, and 3) Professional Efficiency. Stepwise regression was utilized to determine the amount of variance in key outcomes that predictors were able to account for and to examine whether certain predictors significantly improved regression models, above and beyond previously entered predictors. Since prior studies (Pitts, 2007; Simmons et al., 1997) have identified demographic variables as possible factors related to burnout, the following demographic predictors were entered into step one: age, male (yes/no), White (vs. minority), graduate school education (yes/no), and urban county (yes/no). Guided by the Job Demands-Resources model of burnout (Demerouti et al., 2001), which postulates that high job demands can promote burnout, the following job demands predictors were entered into step two: supervisor (yes/no), years working as a JPO, caseload size, pre-trial clients (yes/no), minimum risk clients (yes/no), medium risk clients (yes/no), and high-risk clients (yes/no). The following work-related predictors that have been linked to burnout in prior studies (Salyers et al., 2013; Schaufeli, & Peeters, 2000) were entered into step three: satisfaction with department guidelines (yes/no), job role (rating of job responsibilities along enforcement-treatment continuum), and job satisfaction.

Two final stepwise linear models were conducted to identify significant predictors for the following outcomes: 1) mental health stigma and 2) mental health competency. For these models, the same predictor variables outlined previously were entered in step one, step two, and step three. To test our study hypotheses that burnout may contribute to mental health competency

and mental health stigma, the following variables were entered into step four: Emotional Exhaustion, Cynicism, Personal Efficacy, and turnover intention. Due to the heightened risk of Type I error resulting from the large number of analyses, results were considered significant at a conservative $p \leq .01$ level for all analyses.

Results

Participants were predominantly White (n = 194, 79.2%), non-Hispanic (n = 227, 96.4%), female (n = 156, 63.7%), and educated (100% with at least Bachelor's Degree). The majority of participants (n = 173, 70.3%) served clients in urban counties (i.e., ≥ 250,000 population). JPOs reported working in the juvenile justice system for a mean of 12.7 years (SD = 8.7, range = 0 – 38 years) and as a JPO for 7.8 years (SD = 6.7, range = 0 – 32). Altogether, 55 participants (22.4%) were managers/supervisors of other officers. Most participants (n = 193, 83.2%) had all juvenile clients and the remaining POs had caseloads consisting of at least 50% juvenile clients. JPOs have average caseloads of 43.1 clients (SD = 38.0, range = 0 – 257), including 106 JPOs (43.3%) supervising pre-trial clients, 145 JPOs (62.5%) supervising minimal risk clients, 151 JPOs (65.1%) supervising medium risk clients, and 139 JPOs (59.9%) supervising high-risk clients. (Note: JPOs often supervise more than one type of client).

Aim 1: Prevalence of Burnout

Table 1 displays the mean scores for burnout. When grouped by level of Emotional Exhaustion, 62 (25.2%) JPOs scored in the low range, 88 (35.8%) scored in the moderate range, and 78 (31.7%) scored in the high range of burnout. For Cynicism, 89 (36.2%) scored in the low range, 71 (28.9%) scored in the moderate range, and 68 (27.6%) scored in the high range of burnout. For Personal Efficacy, 126 (51.2%) scored in the low range (i.e., high Personal Efficacy), 64 (26.0%) scored in the moderate range, and 38 (15.4%) scored in the high range of

burnout. Slightly more than half (*n* = 140, 56.9%) were satisfied with department guidelines for managing juvenile clients, whereas 64 (26.0%) felt the department should run a tighter ship and 28 (11.4%) felt their departments should be more flexible with clients. JPOs reported an average job satisfaction of 4.8 of 7.0 (*SD* = 1.3, range = 1.4 – 7.0) indicating generally moderate, positive satisfaction with probation work. Further, the sample reported an average turnover intention of 1.5 of 4.0 (*SD* = 0.7, range = 1.0 – 4.0) indicating the sample was generally "not at all likely" or "somewhat unlikely" to leave their jobs in the next six months. Regarding job role, participants rated their roles and responsibilities along the enforcement-treatment continuum as closer to social workers than police officers (*M* = 67.6 of 100, *SD* = 19.11, range = 3.0 – 100). Finally, participants endorsed high mental health competency (*M* = 4.0 of 5.0, *SD* = 0.57, range = 2.0 – 5.0) and moderate mental health stigma (*M* = 1.9 of 4.0, *SD* = 0.5, range = 1.0 – 3.6).

Aim 2: Burnout across Demographic Groups

Group comparisons. Contrary to study hypotheses for aim two, no differences emerged on overall levels of burnout across gender, race/ethnicity, age, education, or geography. As shown in Table 1, mean burnout scores were not significantly different across groups.

Aim 3: Variables associated with Burnout

Bivariate correlations. As shown in the correlational matrix of Table 2, higher Emotional Exhaustion was significantly related to dissatisfaction with department guidelines (r = -.23, p = . 001), higher turnover intention (r = .43, p < .001), lower job satisfaction (r = -.63, p < .001), and viewing one's job roles as closer to social workers than police officers (r = .20, p = .002). Cynicism was significantly related to dissatisfaction with department guidelines (r = -.35, p < .001), higher turnover intention (r = .47, p < .001), lower job satisfaction (r = -.64, p < .001), and higher mental health stigma (r = .18, p = .008). Cynicism was also positively associated with

serving high-risk clients (r = .20, p = .003). Finally, results identified two significant variables related to Personal Efficacy: job satisfaction (r = .38, p < .001) and mental health competency (r = .29, p < .001).

Regression models. Results from the multi-step regression analyses provided partial support for the study hypotheses (Tables 3 and 4). Contrary to study hypotheses for aim 3, most of the demographic variables entered in step one and the job-related variables entered in step two failed to significantly predict burnout. Overall, job satisfaction emerged as the strongest predictor of burnout, with higher job satisfaction predicting lower Emotional Exhaustion (*Beta* = -.63, $p \leq$ .001), lower Cynicism (*Beta* = -.61, $p \leq .001$), and higher Personal Efficacy (*Beta* = .45, $p \leq$ .001). As displayed in Table 4, the total set of predictors were able to account for approximately 66.1% (*SE* = 1.13, F(15, 210) = 10.87, $p \leq .001$) of the variance in Emotional Exhaustion, 69.3% (*SE* = 1.12, F(15, 210) = 12.94, $p \leq .001$) of the variance in Cynicism, and 48.1% (*SE* = .78, F(15, 210) = 4.21, $p \leq .001$) of the variance in Personal Efficacy.

Aim 4: Impact of Burnout on Mental Health Stigma and Competency

Tables 4 and 5 display the results of the final regression analyses, with burnout scores and turnover intention included as predictors in step four. Study hypotheses for aim four were partially supported; burnout scores were significant predictors of mental health competency, but not strongly predictive of mental health competency. With all predictors entered into the regression model for mental health stigma, being male (*Beta* = .21, p = .002) was the strongest predictor of stigma. The overall model was significant, accounting for 40.2% of the variance (*SE* = .46, F(19, 206) = 2.09, p = .006) (Table 4). However, adding burnout variables in step three did not significantly improve the regression model for mental health stigma (R^2 change = .01, F(4) = .73, p = .58). For mental health competency, significant predictors included being female (*Beta*

= -.24, $p \leq .001$), serving high-risk clients (*Beta* = .23, $p = .008$), lower Cynicism (*Beta* = -.26, $p = .006$), and higher Personal Efficacy (*Beta* = .31, $p \leq .001$). For this variable, the addition of burnout variables in step four proved significant (R^2 change = .13, F(4) = 9.63, $p \leq .001$) and the set of predictors were able to explain approximately 50.6% (*SE* = .52, F(19, 206) = 3.72, $p \leq .001$) of the variance in mental health competency.

Discussion

This study represents one of the only empirical research efforts to examine burnout among juvenile probation officers (JPOs). By sampling a large number of JPOs from a diverse set of counties across [State], the study was able to achieve its primary aims of describing the prevalence of burnout, exploring factors related to burnout, and identifying significant predictors of burnout and other key outcomes (e.g., mental health competency, mental health stigma). Several key findings pertaining to study aims are described below.

Burnout among Juvenile Probation Officers

In applying the Job Demands-Resources model to probation officers, we expected that JPOs would endorse feelings of burnout. Findings revealed moderate levels of burnout, with mean subscale scores consistent with burnout studies conducted among mental health providers (Salyers et al., 2013), as well as probation and correctional officers (Finney et al., 2013; Whitehead, 1986). Specifically, about 32% of JPOs fell in the high range for Emotional Exhaustion and about 28% fell in the high range for Cynicism, indicating daily experiences with feeling emotionally drained and being unenthusiastic about one's work. Findings are notably higher than older studies of POs who completed the Maslach Burnout Inventory, which found high burnout ranging from 5% (Whitehead, 1986) to 20% (Whitehead & Lindquist, 1985). Interestingly, slightly more than half the JPOs reported high Personal Efficacy, with only about

15% endorsing burnout related to low Personal Efficacy. This finding is lower than previous estimates that at least 20% of POs endorse a lack of professional achievement (Whitehead, 1986; Whitehead & Lindquist, 1985). Based on the current results, Professional Efficacy appears to represent a unique, independent aspect of burnout, making it possible for JPOs to experience moderate to strong feelings of professional efficacy, while simultaneously feeling cynical and/or emotionally exhausted with probation work. However, our findings are somewhat discrepant from 30-year-old findings, which indicate a need for replication to assess whether our estimates of burnout accurately reflect contemporary burnout for the probation officer population.

Although we hypothesized that demographic variables would significantly impact burnout among JPOs, results revealed that burnout scores were not significantly different across demographic groups, nor significantly correlated with demographic variables. Interestingly, the regression analyses identified geography (i.e., working in an urban county) as a moderate predictor of burnout. We expected JPOs from urban counties to experience higher burnout rates than JPOs from rural counties due to increased demands of working in urban areas, such as serving more dangerous, violent, and/or difficult clients, working with clients of low socioeconomic status, and operating in environments with more racial tension, higher crime rates, and more prevalent substance use (Olson, Weisheit, & Ellsworth, 2001). However, serving in an urban county predicted higher Cynicism *and* higher Professional Efficacy. While these results are preliminary, it is possible that the challenges and stressors associated with serving clients in an urban county (Olson et al., 2001) may represent both a risk and protective factor for the different aspects of burnout. Specifically, urban settings may provide more opportunities to become drained and emotionally exhausted, but also more opportunities to make meaningful, real-world differences and feel accomplished as a probation officer. Thus, while JPOs from

either urban or rural counties may be burned out, the way in which JPOs experience individual components of burnout may differ between urban and rural counties.

Job Demands-Resources Model of Burnout

Consistent with the principles of the Job Demands-Resources model of burnout (Demerouti et al., 2001), job-related constructs emerged as key factors in understanding burnout. JPOs who reported dissatisfaction with job demands, specifically department guidelines, had higher Emotional Exhaustion and Cynicism scores than JPOs who were satisfied with department guidelines for treating juvenile clients. Similarly, JPOs who endorsed general job dissatisfaction tended to report higher burnout. In fact, job dissatisfaction emerged as the strongest and most critical factor contributing to burnout, a finding consistent with prior research (Lewis et al., 2013; Slate & Johnson, 2013). In addition, the percentage in which JPOs rated their job roles along the enforcement-treatment continuum as more akin to social workers than police officers was also strongly related to burnout, and positively predicted Emotional Exhaustion. JPOs who believe their department guidelines are not adequate and/or identify more closely with social workers than police officers are probably more likely to be emotionally invested in their clients' behavioral health, treatment, rehabilitation, and successful re-integration into the community (Steiner et al., 2004; West & Seiter, 2004), which could drain their emotional resources and result in higher burnout. Altogether, these results represent important findings for the probation field by showing that JPOs not only experience burnout and related factors similarly to other service professionals (Maslach et al., 2001; Salyers et al., 2013; Schaufeli & Peeters, 2000), but also highlighting the key role that work environment and work responsibilities play in burnout in JPOs (Gayman & Bradley, 2013; Slate et al., 2000).

JPOs with the increased job demand of high-risk clients on their caseloads reported high Cynicism. Such results make sense, given that high-risk clients are at greater risk for negative outcomes like recidivism and re-incarceration (Latessa et al., 2009; Lowenkamp & Latessa, 2004). These clients likely require a disproportionate amount of JPOs' time, resources, energy, etc., but are less likely to experience positive outcomes (Lowenkamp & Latessa, 2004), resulting in JPOs becoming increasingly cynical about their clients and their work (Lewis et al., 2013; Whitehead, 1986). Indeed, recent studies suggest that high-risk clients are less likely to recidivate when supervised by POs facing decreased job demands entailing smaller caseloads (Kuck Jalbert, Rhodes, & Flygare, 2010).

Lastly, we examined potential outcomes of burnout, postulating that burnout, particularly Personal Efficacy, would be associated with increased mental health stigma and reduced mental health competency. As hypothesized, Personal Efficacy was related to higher self-reported mental health competency. Results suggest mental health competency may represent a subset of overall efficacy on the job. Alternatively, the two constructs may share a reciprocal relationship, in which higher mental health competency increases opportunities for personal efficacy and achievement related to probation work (Pitts, 2007), which promotes JPOs to continue developing their mental health competency, and so on, in a continuous process. Besides Personal Efficacy, Cynicism was also associated with key outcomes, specifically higher mental health stigma and lower mental health competency. Given that Cynicism measures negative, callous, and detached responses to different aspects of one's job (Maslach & Leiter, 2008), it seems reasonable that JPOs with high Cynicism are likely to experience strong feelings of detachment and/or depersonalization from their juvenile clients, particularly those with behavioral health concerns, which may contribute to high mental health stigma. Further, since mental health stigma

has been associated with decreased help seeking among children and parents (Heflinger & Hinshaw, 2010), it is possible that Cynicism in JPOs could be related to stigmatizing attitudes that reduce JPOs' familiarity and competency with mental health resources and their effectiveness to connect youth to needed behavioral health care.

Psychological Services and Burnout Interventions for Juvenile Probation Officers

Given the stressful nature and high demands of probation work, as well as large percentage of JPOs who reported high burnout, JPOs who are suffering from burnout are good candidates for targeted interventions. Further, because JPOs have caseloads of youth with high rates of behavioral health needs (Vincent et al., 2008), and burnout predicted increased mental health stigma and reduced mental health competency, it is crucial that JPOs obtain sufficient training and skills to identify and prevent burnout. Burnout reduction programs that focus on the individual aim to build stress management skills (Morse, Salyers, Rollins, Monro-DeVita, & Pfahler, 2012) and promote cognitive behavioral strategies that can be used to address burnout. Strategies include providing educational information, teaching cognitive restructuring, enhancing coping strategies, and increasing communication and social support skills (Krasner et al., 2009; Schaufeli & Peeters, 2000).

Additionally, the incorporation of third-generation cognitive behavioral interventions into burnout prevention has proven successful (Hayes et al., 2004). Specifically, mindfulness and meditation have been associated with decreased burnout and improvements in mood among primary care practitioners (Krasner et al., 2009), health care workers (Shapiro, Astin, Bishop, & Cordova, 2005), and mental health professionals (Salyers et al., 2011). Similarly, a promising avenue for helping JPOs address burnout involves a mindfulness-based intervention originally designed to reduce stigma among substance abuse counselors (Hayes et al., 2004). Provided

through a daylong workshop, this intervention utilized Acceptance and the Commitment Training, with a focus on acceptance, diffusion, mindfulness and values, to identify and alleviate stigmatizing attitudes towards drug abusing clients. Substance abuse counselors who participated in the workshop experienced reduced stigma and burnout (Hayes et al., 2004), and it is likely that the intervention could yield similar results for JPOs.

In addition to interventions focused on helping individuals, organizational-level interventions could also be beneficial (Maslach et al., 2001). For example, our own data, as well as prior work (Whitehead, 1986; Simmons et al., 1997; Slate et al., 2000), suggest that reducing job demands and allowing JPOs more involvement in the development of department guidelines could be helpful. Reviews of organizational interventions for correctional officers and probation officers (Finney et al., 2013; Schaufeli & Peeters, 2000) suggest the need to enhance the organizational climate through policies that increase the personal resources for officers; specifically, giving officers more opportunities to participate in employee decision-making and providing organizational recognition of professional achievements (e.g., bonuses, awards, verbal praise). Potential interventions entail management training and/or supervisor social support training (Dollard & Winefied, 1994), which emphasize open communication between supervisors and officers, the use of systematic feedback and recognition of officers' accomplishments, and regular staff meetings and/or retreats. Such trainings are likely to not only improve the organizational climate, but also serve as cost-effective and productive ways to maintain good employee morale, reduce absenteeism rates, enhance job satisfaction, and alleviate burnout (Finney et al., 2013; Schaufeli & Peeters, 2000).

While several burnout prevention and intervention strategies have shown promising results for employee burnout (Hayes et al., 2004; Krasner et al., 2009; Maslach et al., 2012), it is

important to note that these interventions may need to be tailored for JPOs and the probation field. Current interventions have been largely designed for human service workers, who primarily focus on the rehabilitation of the individual client or patient. In contrast, JPOs face dual mandates related to protection of the community (i.e., police officers), as well as rehabilitation of juvenile offenders (i.e., social workers) (Rudes et al., 2011; West & Seiter, 2004). Burnout interventions will therefore need to address these dual mandates and help alleviate burnout related to the many job responsibilities required of JPOs.

Limitations

The study is limited to self-reported information, with no mechanism to ensure participants responded accurately to survey questions (Donaldson & Grant-Vallone, 2002). JPOs may have given biased answers regarding feelings, attitudes, and experiences with probation work, in an effort to appear as good JPOs and/or due to concerns about job security or confidentiality (Singer, Van Hoewyk, & Neugebauer, 2003). We attempted to mitigate these issues by clearly informing participants of the confidentiality of their responses, and that participant status would not be revealed to their supervisors. Additionally, given that JPOs in the sample were not randomly selected and work within one state, there are questions regarding generalizability. The JPOs in the sample may be qualitatively different than other JPOs, but it is not possible to know the nature or extent of such biases. Additionally, client outcomes were not assessed in the study. Mental health stigma and mental health competency have been associated with client-based outcomes in other populations. Hence, future research should directly assess the role of job burnout on youth-related outcomes.

Finally, the numerous statistical tests conducted for this study introduces potential problems with alpha inflation and Type I errors (Altman, 2000). This study marks one of the

only studies to directly assess burnout among JPOs, so analyses were exploratory by design. As an exploratory study, we proposed numerous aims with multiple analyses to fully examine our data and better understand this topic area. Since we did not want to miss potentially important findings, we chose not to use an alpha correction; however, we attempted to be conservative by focusing on strongly significant findings at $p \leq .01$. We accept this as a limitation, with the recommendation that future research aim to replicate and confirm findings.

Conclusions

As one of a few studies to explore burnout among the probation officer population, this study supports and expands the burnout literature by showing that *juvenile* probation officers (JPOs) experience burnout and burnout-related outcomes similar to other human service workers (Salyers et al., 2013; Schaufeli & Peeters, 2000). About 30% of JPOs endorsed high burnout, which has been linked to diminished job performance, lower client satisfaction, higher mental health concerns, and higher turnover intention (Finney et al., 1013; Gayman & Bradley, 2013 Simmons et al., 1997). Moreover, results of the current study showed that burnout was predictive of more stigmatizing views about mental health treatment, as well as self-reported competency to address mental health needs of juveniles on their caseloads. Providing individual psychological services and organizational interventions for JPOs to decrease feelings of burnout is therefore needed, which should improve their own personal coping resources, improve retention of skilled, competent JPOs, and potentially result in positive outcomes for juvenile clients (Holloway et al., 2013; Schaufeli & Peeters, 2000). Moreover, since burnout does not appear to disproportionately affect certain demographic groups, all JPOs may be at risk for burnout associated with probation work and could theoretically benefit from burnout prevention and intervention efforts (Salyers et al., 2011; Shapiro et al., 2005).

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Table 1

Mean Burnout Scores across Juvenile Probation Officers Groups (*N* = 246)

Variables	Emotional Exhaustion	Cynicism	Professional Efficacy
	Mean (SD)	Mean (SD)	Mean (SD)
Total Sample (*n* = 246)	2.61 (1.45)	1.90 (1.51)	4.84 (0.88)
Gender			
Male (*n* = 75)	2.53 (1.35)[a]	1.91 (1.61)[b]	5.00 (0.76)[c]
Female (*n* = 152)	2.65 (1.51)[a]	1.89 (1.46)[b]	4.76 (0.91)[c]
Race/Ethnicity			
Non-Hispanic White (*n* = 184)	2.64 (1.42)[d]	1.96 (1.49)[e]	4.87 (0.85)[f]
Minority (*n* = 44)	2.43 (1.60)[d]	1.66 (1.55)[e]	4.68 (0.94)[f]
Age[+]			
20-29 (*n* = 40)	2.80 (1.42)[g]	1.79 (1.59)[h]	4.91 (0.72)[i]
30-39 (*n* = 86)	2.55 (1.53)[g]	2.18 (1.50)[h]	4.86 (0.87)[i]
40-49 (*n* = 61)	2.59 (1.46)[g]	1.66 (1.30)[h]	4.76 (0.82)[i]
50-59 (*n* = 39)	2.60 (1.32)[g]	1.79 (1.69)[h]	4.77 (1.08)[i]
Education			
Bachelor's (*n* = 160)	2.52 (1.42)[j]	1.83 (1.42)[k]	4.86 (0.82)[l]
Graduate (*n* = 68)	2.79 (1.53)[j]	2.06 (1.68)[k]	4.76 (0.99)[l]
County			
Rural (*n* = 72)	2.39 (1.25)[m]	1.88 (1.52)[n]	4.76 (0.89)[o]
Urban (*n* = 156)	2.70 (1.54)[m]	1.91 (1.50)[n]	4.87 (0.86)[o]

Note. Matching subscripts indicate similar, non-significant ($p > .01$) mean scores.

[+] 60-69 dropped from analysis, due to low number (*n* = 2 participants).

Table 2

Pearson Correlations between Burnout Scores and Key Variables (*N* = 246)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1. Emotional Exhaustion	--	.65***	-.27**	-.04	.06	-.05	.08	.10	.001	-.01	-.07	.12	-.03	.03	.08	.20**	-.23***	.43***	-.63***	.02	.14*
2. Cynicism	.	--	-.40**	.01	.08	-.07	.07	.01	-.11	.01	-.12	.15*	.04	.07	.20**	.09	-.35***	.47***	-.64***	-.16*	.18**
3. Professional Efficacy			--	.13	.09	-.04	-.06	.06	.09	-.05	-.07	-.09	.01	.04	-.03	-.09	.08	-.12	.38***	.29***	-.18
4. Male				--	.11	.09	.02	-.08	.11	-.06	-.08	.01	-.03	.05	.10	-.09	.02	-.06	.05	-.18**	.25***
5. White					--	.002	-.15*	-.19**	.13	-.18	-.49	-.12	-.18**	-.15*	-.09	-.10	.09	-.07	.10	.06	-.06
6. Age						--	.12	-.003	.30***	.07	.56***	-.18**	-.11	-.08	-.19**	-.03	.14*	-.15*	.12	.01	.07
7. Education							--	.06	.14*	.09	.05	-.03	-.06	-.02	.03	-.10	.08	-.06	.00	.02	.03
8. Urban								--	.05	.02	-.10	.13*	-.08	-.12	-.04	-.01	.28***	.07	-.15*	.06	.12
9. Manager									--	-.15*	.09	-.30***	-.25***	-.32***	-.36***	.05	.13	-.16*	.15	.10	.01
10. Caseload size										--	.15*	.17**	.11	-.01	-.06	-.04	.03	-.07	.06	-.07	-.11
11. Years as JPO											--	-.04	.05	.10	-.06	-.02	.03	-.15*	.10	.05	-.06
12. Pre-Trial Clients												--	.48***	.38***	.36***	.06	-.27***	.15*	-.18**	-.15*	.04
13. Minimum Risk Clients													-	.55***	.48***	.01	-.14*	.03	-.02	-.15*	.05
14. Medium Risk Clients														--	.66***	.08	-.17**	.20	-.112	-.12	.04
15. High Risk Clients															--	.06	-.21***	.14*	-.17*	-.02	.08
16. Job Role																--	-.03	.95	-.15*	.05	-.10
17. Satisfaction with Dept.																	--	-.28***	.43***	.02	-.12
18. Turnover Intention																		--	-.51***	.06	.09
19. Job Satisfaction																			--	.04	-.18**
20. MH Competency																				--	-.15*
21. MH Stigma																					--

Note. JPO = Juvenile Probation Officer. Dept. = Department. MH = Mental Health

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 3

Stepwise Regression Predicting Burnout: All Predictors

	Emotional Exhaustion					Cynicism					Professional Efficacy				
Predictors	Beta	b	SE	p value	95% CI for b	Beta	b	SE	p value	95% CI for b	Beta	b	SE	p value	95% CI for b
Step 1:															
Age	.021	.031	.10	.76	-.16 – .23	.098	.134	.10	.18	-.06 – .33	-.066	-.057	.07	.41	-.19 – .08
White	.135*	.497	.20	.02	.10 – .09	.154**	.586	.20	.004	.19 – .99	.047	.101	.14	.47	-.18 – .38
Male	-.020	-.061	.17	.72	-.27 – .39	.016	.052	.17	.75	-.38 – .28	.064	.117	.12	.32	-.35 – .11
Education	.093	.294	.17	.09	-.04 – .63	.082	.271	.17	.11	-.07 – .61	-.042	-.078	.12	.51	-.31 – .16
Urban County	.025	.079	.18	.66	-.27 – .43	-.113*	-.364	.18	.04	-.71 – .02	.130*	.240	.12	.05	- .002 – .48
Step 2:															
Caseload Size	.047	.001	.001	.41	-.001 – .003	.081	.002	.001	.13	-.001 – .004	-.010	-.002	.001	.88	-.002 – .002
Years as JPO	-.028	.006	.01	.67	-.04 – .03	-.097	-.022	.01	.13	-.05 – .01	-.093	-.012	.01	.23	-.03 – .01
Supervisor	-.044	.149	.21	.48	-.26 – .56	-.045	-.160	.21	.44	-.57 – .25	.102	.206	.15	.16	-.08 – .49
Pre-Trial Clients	.028	.083	.19	.66	-.29 – .45	-.004	-.013	.19	.95	-.38 – .35	-.082	-.141	.13	.27	-.39 – .11
Minimum Risk	-.006	-.018	.21	.93	-.43 – .39	.016	.050	.21	.81	-.36 – .46	.001	.002	.14	.98	-.28 – .28
Medium Risk	-.018	-.056	.24	.81	-.52 – .41	-.099	-.311	.23	.18	-.77 – .15	.199	.356	.16	.03	.04 – .68
High Risk	.010	.029	.22	.90	-.40 – .46	.130*	.420	.22	.05	-.03 – .83	-.048	-.084	.15	.58	-.38 – .21
Step 3:															
Job Role[a]	.129*	.010	.004	.02	.002 – .02	.028	.002	.004	.59	-.006 – .01	-.032	-.001	.003	.61	-.01 – .004
Dept. Satisfaction	.036	.108	.18	.55	-.25 – .47	-.131*	-.405	.18	.03	-.76 – (-.05)	-.092	-.161	.13	.20	-.40 – .09
Job Satisfaction	-.634***	-.709	.07	.00	-.84 – (-.58)	-.605***	-.701	.07	.00	-.83 – (-.57)	.445***	.294	.05	.00	.20 – .38

Note. Beta = Standardized Regression Coefficient. b = Unstandardized Coefficient. SE = Standard Error. p value = Significance Level. CI = Confidence Interval. JPO = Juvenile Probation Officer. Dept. = Department.

[a] Percent of job role that is social worker versus police officer**.** * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 4

Stepwise Regression Predicting Burnout, Mental Health Stigma, and Mental Health Competency: Model Summary Statistics

	Model Summary Statistics						Change Statistics			
	R	R^2	Standard Error	F	df	p value	R^2 Change	F Change	df	p value
Emotional Exhaustion										
Step 1	.172	.029	1.45	1.33	5, 220	.25	.03	1.33	5	.25
Step 2	.235	.055	1.46	1.04	12, 213	.42	.03	0.82	7	.57
Step 3	.661	.437	1.13	10.87	15, 210	.00	.38	47.53	3	.00
Cynicism										
Step 1	.139	.019	1.51	0.86	5, 220	.51	.02	.86	5	.51
Step 2	.285	.081	1.48	1.57	12, 213	.10	.06	2.05	7	.06
Step 3	.693	.477	1.12	12.94	15, 210	.00	.40	53.75	3	.00
Professional Efficacy										
Step 1	.169	.028	.86	1.29	5, 220	.27	.03	1.29	5	.27
Step 2	.260	.068	.85	1.29	12, 213	.23	.04	1.29	7	.26
Step 3	.481	.231	.78	4.21	15, 210	.00	.16	14.89	3	.00
Mental Health Stigma										
Step 1	.276	.076	.46	3.62	5, 220	.004	.08	3.62	5	.004
Step 2	.325	.105	.46	2.09	12, 213	.02	.03	1.00	7	.43
Step 3	.387	.150	.45	2.47	15, 210	.002	.05	3.67	3	.01
Step 4	.402	.162	.46	2.09	19, 206	.006	.01	0.73	4	.58
Mental Health Competency										
Step 1	.257	.066	.56	3.10	5, 220	.01	.07	3.10	5	.01
Step 2	.335	.112	.56	2.24	12, 213	.01	.05	1.58	7	.14
Step 3	.341	.116	.60	1.84	15, 210	.03	.004	0.35	3	.79
Step 4	.506	.256	.52	3.72	19, 206	.00	.13	9.63	4	.00

df = Degrees of freedom. p value = Significance Level

Table 5

Stepwise Regression Predicting Mental Health Stigma and Mental Health Competency: All Predictors

	Mental Health Stigma					Mental Health Competency				
Predictors	Beta	b	SE	p value	95% CI for b	Beta	B	SE	p value	95% CI for b
Step 1:										
Age	.107	.051	.04	.20	-.03 – .13	.105	.060	.05	.18	-.01 – .21
White	-.095	-.114	.09	.18	-.28 – .05	.076	.110	.10	.25	-.07 – .31
Male	.214***	.216	.07	.002	-.35 – (-.08)	-.239***	-.291	.08	.00	.15 – .45
Education	-.008	-.008	.07	.91	-.15 – .13	.091	.114	.08	.15	-.04 – .27
Urban County	.061	.063	.07	.39	-.08 – .21	.041	.050	.08	.55	-.12 – .21
Step 2:										
Caseload Size	-.113	-.001	.00	.11	-.002 – .00	-.018	.000	.001	.79	-.001 – .001
Years as JPO	-.082	-.006	.01	.32	-.02 – .01	.040	.004	.01	.60	-.02 – .01
Supervisor	.091	.102	.09	.24	-.06 – .27	.025	.034	.10	.73	-.15 – .25
Pre-Trial Clients	-.002	-.002	.08	.98	-.15 – .15	-.083	-.096	.09	.27	-.27 – (-.07)
Minimum Risk Clients	.077	.076	.08	.36	-.09 – .24	-.104	.123	.10	.20	-.31 – .07
Medium Risk Clients	.036	.036	.10	.71	-.15 – .23	-.166	-.20	.11	.07	-.40 – .03
High Risk Clients	-.010	.009	.09	.92	-.19 – .17	.234**	.274	.10	.008	.07 – .47
Step 3:										
Job Role[a]	-.138*	-.103	.002	.04	-.007 – .00	.049	.001	.002	.44	-.002 – .01
Department Satisfaction	-.041	-.040	.08	.60	-.19 – .11	-.099	-.022	.09	.80	-.20 – .14
Job Satisfaction	-.070	-.026	.04	.50	-.10 – .05	-.124	-.044	.04	.31	-.13 – .04
Step 4:										
Emotional Exhaustion	.047	.015	.03	.36	-.05 – .08	.124	.049	.04	.16	-.02 – .12
Cynicism	.123*	.029	.03	.05	.00 – .29	-.264**	-.100	.04	.006	-.17 – (-.03)
Personal Efficacy	-.058	-.032	.04	.45	-.12 – .05	.310***	.207	.05	.00	.11 – .30
Turnover Intention	-.016	-.011	.05	.84	-.11 – .09	.132	.102	.06	.08	-.02 – .21

Note. Beta = Standardized Regression Coefficient. b = Unstandardized Coefficient. SE = Standard Error. p value = Significance Level. CI = Confidence Interval . JPO = Juvenile Probation Officer

[a] Percent of job role that is social worker (versus police officer)**.** * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.